

# Waiver for Individuals with Intellectual Disabilities and Related Conditions

## References

For additional information, refer to:

- MSM Chapter 100 (contains important information applicable to all provider types).
- Medicaid Services Manual (MSM), Chapter 2100
- Hewlett Packard Enterprise website at <a href="https://www.medicaid.nv.gov">https://www.medicaid.nv.gov</a>
- ADSD website at <a href="http://adsd.nv.gov">http://adsd.nv.gov</a>

#### **Contact ADSD**

Contact information for the ADSD regional offices is provided on the Aging and Disability Services website at: <a href="http://adsd.nv.gov">http://adsd.nv.gov</a>

## Covered services and procedure codes:

The following services are benefits of this waiver program only if the services are 1) identified in the recipient's Individual Support Plan (ISP), and 2) prior authorized by ADSD:

- Behavioral Consultation, Training and Intervention: 96152 HN (Bachelor's Degree) / 96152 HO (Master's Degree) / T2024 HN (Bachelor's Degree) for Plan of Care Development / T2024 HO (Master's Degree) for Plan of Care Development
- Career Planning: T2019
- Counseling Services: \$5190 (Individual) / \$5190 U1 (Group)
- Day Habilitation: T2020
- Non-Medical Transportation: T2003
- Nursing Services: S9123 for RN Private Duty / S9123 TV (Urban Holiday) / S9123 U1 (Rural Holiday) / S9123 U2 (Rural) / S9124 for LPN Private Duty / S9124 TV (Urban Holiday) / S9124 U1 (Rural Holiday) / S9124 U2 (Rural) / S0281 for Comprehensive Medical Community Support Services / T1001 Evaluation / T1002 RN Services / T1002 TV (Urban Holiday) / T1002 U2 (Rural) / T1002 U1 (Rural Holiday) / T1003 for Direct Skilled Services / T1003 TN (Rural) / T1003 U1 (Rural Holiday) / T1003 TV (Urban Holiday)
- Nutrition Therapy (Initial assessment): 97802 / 97802 TN (Rural)
- Nutrition Therapy (Re-assessment): 97803 and 97803 TN (Rural)
- Prevocational Services: T2014
- Residential Support Management: T2017
- Residential Support Services: T2017 / T2017 UJ for Sleep Staff
- Supported Employment: T2018

In addition to waiver services, recipients eligible under this waiver program are also eligible for full Medicaid benefits.

#### **Service limits**

The following limits apply to covered services:

• \$5190: \$1500 per fiscal year

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\$9123: 8 hours per month
\$9124: 8 hours per month
\$100 per month
\$100 per month
\$12019: 240 hours annually
\$96152: \$5200 per year

### **Prior authorization**

Each recipient is assigned an ADSD Service Coordinator who is responsible for developing his or her Individual Support Plan (ISP).

A copy of the approved prior authorization must be kept in the recipient's file.

# **Billing instructions**

Providers must submit their invoices to ADSD. Use of the CMS-1500 Claim Form is not required.

Do not submit invoices to Hewlett Packard Enterprise.

ADSD claims submitted to Hewlett Packard Enterprise must meet the requirements stated in the <u>CMS-1500 Claim</u> Form Instructions on the Hewlett Packard Enterprise website <a href="https://www.medicaid.nv.gov">https://www.medicaid.nv.gov</a>.

Effective with claims processed on or after December 21, 2015, provider type 38 is no longer required to submit an EOB or denial letter from the other health care (OHC) coverage provider.

## **Hospice and waiver services**

Recipients enrolled in a hospice program may be eligible for waiver services if the service:

- Allows the recipient to remain in the community, and
- Is palliative or basic self care, and
- Is not covered under the hospice program.

Refer to MSM Chapter 3200 for complete information on Nevada Medicaid's hospice program.